

Commonwealth of Virginia
CERTIFICATE OF CANDIDATE QUALIFICATION
LOCAL OFFICES

NOTICE: YOU MUST FILE THIS FORM WITH THE GENERAL REGISTRAR
BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT IN
YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR DETAILS.

Pursuant to § 24.2-501 of the Code of Virginia, I hereby certify that:

1. I am a citizen of the United States. ☒ YES ☐ NO
2. I am at least eighteen years of age or will be on or before the date of the election for the office I am seeking. ☒ YES ☐ NO
3. I have been a resident of the Commonwealth of Virginia for the year immediately preceding the election for the office I am seeking. ☒ YES ☐ NO
4. I now reside at the address shown below in the *county or city and, if applicable, district in which I seek office [residence address must be given; post office box or general delivery is not acceptable]

2140 RIVERMONT AVENUE

STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER

City/Town LYNCHBURG ZIP 24503

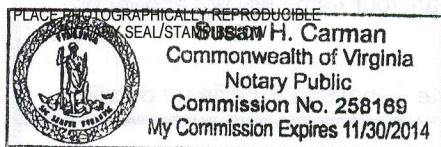
[If town, also list County of residence: _____]

5. I am registered to vote at the above address in the precinct in which I reside. ☒ YES ☐ NO
[or my application for registration, transfer, or change of address is on file in the general registrar's office]
6. Have you ever been convicted of a felony or any other crime that would preclude you from holding office? (See, e.g., § 18.2-472) ☐ YES ☒ NO
7. Have you ever been adjudicated mentally incompetent and lost your right to vote? ☐ YES ☒ NO
8. If you answered YES to 6, give date of certificate restoring voting rights.
If YES to 7, give date of court order restoring competency.
9. I am an attorney admitted to the bar of the Commonwealth. ☒ YES ☐ NO
(Answer only if seeking office of Commonwealth's Attorney)

DATE OF RESTORATION

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:		OFFICE SOUGHT	Commonwealth's Attorney
YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]	MICHAEL R. DOUCETTE	DISTRICT IF APPLICABLE	CITY OF LYNCHBURG
MAILING OR CAMPAIGN ADDRESS	2140 RIVERMONT AVE. LYNCHBURG, VA 24503	YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]	
		ELECTION DATE (MM/DD/YYYY)	11/05/2013
E-MAIL ADDRESS	lynchburgca@earthlink.net	CHECK ONE	<input type="checkbox"/> Republican Primary <input type="checkbox"/> Special Election <input type="checkbox"/> Democratic Primary <input checked="" type="checkbox"/> General Election
		(AREA CODE) HOME TELEPHONE	(434) 846-1680
WEB ADDRESS		(AREA CODE) BUSINESS TELEPHONE	(434) 455-3762

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.



SIGNATURE OF CANDIDATE

DATE

State of Virginia County/City of Lynchburg

The foregoing instrument was subscribed and sworn before me this 4th day of

June, 20 13, by Michael R. Doucette

PRINT NAME OF CANDIDATE

SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT

NOTARY REGISTRATION NUMBER

DATE NOTARY COMMISSION EXPIRES

KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW.
THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.

*See §15.2-1525 of the Code of Virginia for certain exceptions to residence requirements for Commonwealth's Attorneys.